BROOKSIDE CARE CENTER 3506 WASHINGTON ROAD

KENOSHA	53144	Phone: (262) 653-380)	Ownership:	County
Operated from	1/1 To 12/31	l Days of Operation	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/05):	154	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	154	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	1/05:	151	Average Daily Census:	153

Age, Gender, and Primary Diagnosis	of Residents (12/3	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year	29.8 48.3
Developmental Disabilities	1.3	Under 65	0.7	More Than 4 Years	21.9
Mental Illness (Org./Psy)	21.2	65 - 74	9.9		
Mental Illness (Other)	4.6	75 - 84	25.2		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	47.7		
Para-, Quadra-, Hemiplegic	1.3	95 & Over	16.6	Full-Time Equivalent	
Cancer	5.3			Nursing Staff per 100 Resid	lents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	21.9	65 & Over	99.3		
Cerebrovascular	13.2			RNs	11.3
Diabetes	9.9	Gender	%	LPNs	8.0
Respiratory	5.3			Nursing Assistants,	
Other Medical Conditions	15.9	Male	21.9	Aides, & Orderlies	42.9
		Female	78.1		
	100.0				
			100.0	İ	

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	6	5.9	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.0
Skilled Care	9	100.0	334	81	80.2	124	0	0.0	0	41	100.0	190	0	0.0	0	0	0.0	0	131	86.8
Intermediate				14	13.9	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	9.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		101	100.0		0	0.0		41	100.0		0	0.0		0	0.0		151	100.0

BROOKSIDE CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period				0.27. 1'			
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	7.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.2	Bathing	0.0		75.5	24.5	151
Other Nursing Homes	13.8	Dressing	3.3		79.5	17.2	151
Acute Care Hospitals	69.1	Transferring	25.2		60.3	14.6	151
Psych. HospMR/DD Facilities	1.1	Toilet Use	10.6		65.6	23.8	151
Rehabilitation Hospitals	0.0	Eating	57.6		39.1	3.3	151
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	94	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.0	Receiving Resp	iratory Care	4.6
Private Home/No Home Health	20.0	Occ/Freq. Incontiner	nt of Bladder	45.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	6.3	Occ/Freq. Incontine	nt of Bowel	16.6	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	į			Receiving Osto	my Care	2.0
Acute Care Hospitals	2.1	Mobility			Receiving Tube	Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.6	Receiving Mech	anically Altered Diets	22.5
Rehabilitation Hospitals	0.0	į -			_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	66.3	With Pressure Sores		4.6	Have Advance D	irectives	65.6
otal Number of Discharges		With Rashes		6.6	Medications		
(Including Deaths)	95			- / -	Receiving Psyc	hoactive Drugs	11.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************	*****	*****	****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This		ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	્ર	Ratio	ે	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.4	91.9	1.08	90.1	1.10	88.8	1.12	88.1	1.13
	98.7			84.9	1.16	83.2	1.12	77.6	1.13
Current Residents from In-County		84.8	1.16						
Admissions from In-County, Still Residing	45.7	27.4	1.67	18.1	2.53	18.7	2.44	18.1	2.52
Admissions/Average Daily Census	61.4	87.7	0.70	188.0	0.33	177.7	0.35	162.3	0.38
Discharges/Average Daily Census	62.1	91.8	0.68	191.1	0.32	179.2	0.35	165.1	0.38
Discharges To Private Residence/Average Daily Census	16.3	36.0	0.45	87.1	0.19	83.4	0.20	74.8	0.22
Residents Receiving Skilled Care	90.7	91.9	0.99	96.6	0.94	96.3	0.94	92.1	0.99
Residents Aged 65 and Older	99.3	83.3	1.19	90.0	1.10	91.3	1.09	88.4	1.12
Title 19 (Medicaid) Funded Residents	66.9	72.9	0.92	62.3	1.07	61.8	1.08	65.3	1.02
Private Pay Funded Residents	27.2	18.0	1.51	20.8	1.31	22.5	1.21	20.2	1.35
Developmentally Disabled Residents	1.3	2.7	0.49	0.9	1.40	1.1	1.20	5.0	0.27
Mentally Ill Residents	25.8	53.7	0.48	34.5	0.75	34.8	0.74	32.9	0.79
General Medical Service Residents	15.9	17.9	0.89	22.0	0.72	23.0	0.69	22.8	0.70
Impaired ADL (Mean)	48.9	48.8	1.00	48.8	1.00	48.4	1.01	49.2	0.99
Psychological Problems	11.3	63.4	0.18	59.9	0.19	59.5	0.19	58.5	0.19
Nursing Care Required (Mean)	5.3	8.0	0.67	7.3	0.73	7.2	0.74	7.4	0.71